Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document		
1. Agency Name			Date Stamp	California QA2		
County of Los Angeles				Form 802		
Division, Department, or Region (If Applicable)			For Official Use Only		
Board of Supervisor, First District						
Designated Agency Contact (Name, Title)			1			
Barbara Garcia, Ticket Administrator						
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information			2	5.00		
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	5.00		
Event Description Los Angeles County Mus		Date(s)		12 31 2020		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	geles County Museum			
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L			
3. Recipients						
Use Section A to identify the agency's department or it.	Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	bt(s)/ Describe the public purpose made pursuant to the agency's polic				
Staff	2	Per Ticket policy 5.3	(k)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
		Ceremonial Role If checking "Ceremoni	Other Other Other" describe below:	Income		
		Ceremonial Role	Other al Role" or "Other" describe below:	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant (o the agency's policy		
(include address and description)	Pass(es)					

Verification I have read and understand FPPC Regulations 18944.1 and Barbara			orth above, is in accordance with	the requirements.		
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)		
Comment:						

Agency Report of:		
Ceremonial Role Events and	Ticket/Pass	Distrib
1. Agency Name		

Comment:

eremonial Role Events and Tid	Keurass	SDISTRIBUTIONS		A Public Docume
Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable	(e)			For Official Ose Offiy
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)]	
Barbara Garcia, Ticket Administrator			1	
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
Function or Event Information				25.00
Does the agency have a ticket policy?			of Each Ticket/Pass \$	25.00
Event Description Los Angeles County Mu	seum of Art	Date(s)	, ,	12 31 2020
Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los Ar	ngeles County Museur	n of Art
Was ticket distribution made at the behest	No⊠ Yes		Name of Si	D <i>UTC</i> A
of agency official?	No Yes	If yes:	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individ	ual. • Use Section C to ider	ntify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/	a Alberta Area (Salar Area Area Area Area Area Area Area Ar	olic purpose made pursuan	Fig. 1. Carlotte at the con-
	Pass(es)			
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
		Ceremonial Role	Other	Income
		If checking "Ceremon	nial Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	to the agency's policy
(include address and description)	Pass(es)			to and agency a policy
			_	27
Voultionalos				
Verification I have read and understand FPPC Regulations 18944.1 and	1 18942. I have v	erified that the distribution set fo	orth above, is in accordance w	th the requirements
	a Garcia		t Administrator	1/14/2019

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			<u> </u>	
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$	25.00
Event Description Los Angeles County Mus	Andrew Street,	Date(s)		12 31 2020
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	geles County Museun Name of So	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (i	Last, First)
3. Recipients				
Use Section A to identify the agency's department or u	ınit. • Use Se	ection B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	lng:
	Pass(es)	Ceremonial Role If checking "Ceremonia	Other Dal Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
I. Verification I Pave read and understand FPPC Regulations 18 <u>944.1 and 1</u>	18942. I have ve	erified that the distribution set fo	rth above, is in accordance wit	h the requirements
Signature of Agency Head or Designee Barbara		Ticket	: Administrator	1/14/2019 (Month, Day, Year)
Comment:				(monar, Day, Tear)

1	Aganay Nama				A Public Documen
١.	Agency Name County of Los Angeles			Date Stamp	California 802
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisor, First District				
	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	213-974-4111 bgarcia@bos.	.lacounty.go	οv	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$ 2	5.00
	Event Description Los Angeles County Mus	eum of Art	Date(s)		12 31 2020
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Los An	geles County Museum	
	Was ticket distribution made at the behest	No⊠ Yes	n , [Name or Sol	IICB
	of agency official?	NO Yes	☐ If yes: ☐	Official's Name (L	ast, First)
3.	Recipients	***			
	Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	Staff	2	Per Ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	nor.
	(Last, riist)	Pass(es)			
			Ceremonial Role If checking "Ceremonia	Other describe below:	Income
			Ceremonial Role	Other	Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant f	to the agency's policy

Barbara Garcia

Comment:

Print Name

(Month, Day, Year)

1/14/2019

Ticket Administrator

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 8 1. Agency Name Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (Month, Day, Year) 2. Function or Event Information 25.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No Event Description Los Angeles County Museum of Art 12 2020 Date(s) Provide Title/Explanation Los Angeles County Museum of Art Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ Was ticket distribution made at the behest No⊠ Yes□ If yes: of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Staff 2 Per Ticket policy 5.3 (k) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

erification			
	ns 18944.1 and 18942. I have verified that th	e distribution set forth above, is in accordance with	n the requirements.
Mulh	Barbara Garcia	Ticket Administrator	1/14/2019
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Y

4.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

					A Public Documen
Agency Name				Date Stamp	California 802
County of Los Angele	9S				Form OU2
Division, Department,		le)		<u> </u>	For Official Use Only
Board of Supervisor, I	First District	No. of the second second second		1	
Designated Agency C	ontact (Name, Title)			<u></u>	
Barbara Garcia, Ticket	t Administrator			Amendment (Must pro	Liste and a selection in Control
Area Code/Phone Nur	H			Amendment (wast pro	ovide explanation in Part 3.)
213-974-4111		s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event				25	5.00
Does the agency have		Yes⊠ No		of Each Ticket/Pass \$	7.00
Event Description Los	Angeles County Μι Provide Title/Exp	useum of Art	Date(s)		12 31 2020
Ticket(s)/Pass(es) pro		Yes□ No	× If no: Los An	geles County Museum	of Art
		163[] 110	- Annual Control of Co	Name of Sour	roe .
Was ticket distribution of agency official?	made at the behest	No⊠ Yes	If yes:	Official's Name (La	est, First)
Recipients					
	he agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, D	Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff		2	Per Ticket policy 5.3	(k)	
	Individual First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the followin Other Other describe below:	g: Income [
			Ceremonial Role If checking "Ceremoni	Other Usial Role" or "Other" describe below:	Income [
C. Name of Outsic (include address	de Organization and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
Verification	PC Regulations 18944 1 and	1 18942 have	offied that the distribution and	odh abaya ia ia c	
		d 18942. I have ve ra Garcia	1 1	orth above, is in accordance with	the requirements.

Comment

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Q Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (Month, Day, Year) 2. Function or Event Information 25.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Los Angeles County Museum of Art 12 31 2020 **Event Description** Date(s) Provide Title/Explanation Los Angeles County Museum of Art Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ No⊠ Yes□ Was ticket distribution made at the behest If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Staff Per Ticket policy 5.3 (k) Number of B. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: Other ___ Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 4. Verification of and understand FAPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Barbara Garcia Ticket Administrator 1/14/2019 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	0 m 0 = ==
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	West San Van
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	00
Event Description Los Angeles County Mus				2 31 2020
Provide Title/Expl.	anation			VI I
Ticket(s)/Pass(es) provided by agency?	Yes□ No	✓ If no: Los An	geles County Museum o	of Art
Was ticket distribution made at the behest	🔽		Name or Source	# #
of agency official?	No⊠ Yes	If yes:	Official's Name (Las	st, First)
3. Recipients				
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	ry a Proposita Copyra (Terror Copyra Ago	lic purpose made pursuant to	THE SERVICE STREET STREET
C+-#				
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following	J.
	Pass(es)	Ceremonial Role	Other 🔲	
			al Role" or "Other" describe below:	Income
		Ceremonial Role	Other Secribe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
I. Verification				
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with t	he requirements.
Barbara	Garcia	Ticket	t Administrator	1/14/2019
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Commonti				
Comment:				EDDO E
Comment.		F	PPC Toll-Free Helpline: 866	FPPC Form 802 (4/12) (ASK-FPPC (866/275-7772)

C	eremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Region	n (If Applicable	e)		1	For Official Use Only
	Board of Supervisor, First Dist	rict	The state of the s	and the state of t	1	
	Designated Agency Contact (A				4	
	Barbara Garcia, Ticket Admini				Amendment (Must p	rovide explanation in Part 3.)
		E-mail bgarcia@bos	: lacounty o	OV.	Date of Original Filing:	
_	L		s.iacounty.go	UV	Date of Original Filling.	(Month, Day, Year)
۷.	Function or Event Inform				2	5.00
	Does the agency have a ticket	***************************************	Yes⊠ No		of Each Ticket/Pass \$	
	LVEIT Description	County Mu		Date(s)		12 31 2020
		Provide Title/Expl	anation	Los An	ngeles County Museum	of Art
	Ticket(s)/Pass(es) provided by	agency?	Yes No	If no: LOS AT	Name of Sou	
	Was ticket distribution made at	the hahast	No⊠ Yes	n .		
	of agency official?	the penest	No 🖺 Yes	lf yes:	Official's Name (L	.ast, First)
2	Recipients					
J.	Use Section A to identify the agency's	s department or	unit. • Use Se	ction B to identify an individu	ual a lise Section C to ident	ify an outcide organization
	A. Name of Agency, Departmen		Number of	LA CENAL WAS COMPANY		The Lifeth and tests Albertain in the
	Nume of Agency, Department	COLOUR	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	C+-#					
	Staff		2	Per Ticket policy 5.3	(k)	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	
	(Lest, First)		Pass(es)		identity one of the following	19:
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				English and the control of the contr	ial Role" or "Other" describe below:	income [_]
		and the same and the same and				
	C. Name of Outside Organiz (include address and descr	ation	Number of Ticket(s)/	Describe the pub	to the agency's policy	
	(include address and descr	iption)	Pass(es)			
		Au			and the second s	
				46.0	and the second s	
						western and the second
4.	Verification					No. of the second
	I have read and understand FAPC Regulati	The same of the sa		erified that the distribution set fo	orth above, is in accordance with	the requirements.
	Monde	Barbara	a Garcia	Ticke	t Administrator	1/14/2019
	Signature of Agency Head or Designee		Print Nam	e L	Title	(Month, Day, Year)
	Commont				77	
	Comment:					FPPC Form 802 (4/12)
				F	FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

remonial Role Events and Tic	KevPass	Sustributions		A Public Document
Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District	The second secon			
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator	***************************************			
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			T.	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 25	5.00
Event Description Los Angeles County Mu Provide Title/Exp.	The state of the s	Date(s)		12 31 2020
Ficket(s)/Pass(es) provided by agency?	Yes□ No	⊯ If no: Los An	geles County Museum Name of Sou	
Vas ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department or		ection B to identify an Individu	ıal. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
3. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	1 433(83)	Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
/erification				
	18942 have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements
nave read and understand FFRC Regulations 18944.1 and		1 1		the requirements.
	a Garcia	Ticket	t Administrator	1/14/2019